

**-62-043691**

STATE FILE NUMBER

**AMENDED**

Registration District No. 270 Primary Registration District No. 3054 Registrar's No. 132

**FILED NOV 27 1962**

VS 300  
Rev. 4/59

**DATE AMENDED**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

**SHOULD READ**

DOCUMENT

BY AFFIDAVIT OF

**USE BLACK INK  
OR  
TYPEWRITER RIBBON**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Louisiana</b>		c. CITY OR TOWN <b>Louisiana</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. # 1</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILMA ELIZABETH BOSTON</b>		4. DATE OF DEATH Month Day Year <b>Nov. 19, 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 17 1913</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Curryville, Mo.</b>	
13a. FATHER'S NAME <b>William H. Dixon</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Frances Davis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>J.C. Boston, Louisiana, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>metastatic carcinoma of breast</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>11-10-62</b> to <b>11-19-62</b> and last saw her alive on <b>11-19-62</b> Death occurred at <b>5:35 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>B. F. Christensen M.D.</b>		22b. ADDRESS <b>Louisiana Mo</b>	22c. DATE SIGNED <b>11-20-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 21, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Concord Cemetery</b>	23d. LOCATION (City, town, or county) <b>RFD Bowling Green, Mo.</b>
24. FUNERAL DIRECTOR <b>J.O. Mudd ; Bowling Green, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-20-62</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Collins</b>

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J.B. Starnie*

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.